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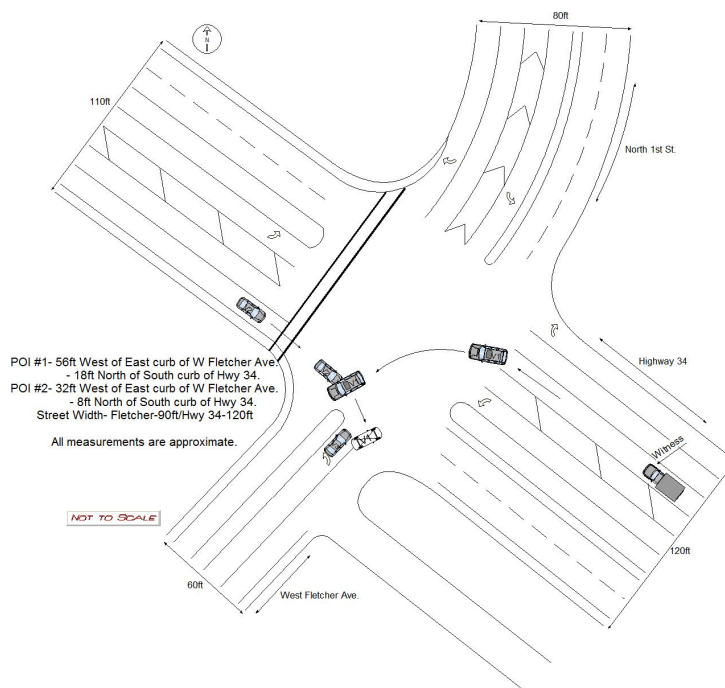
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

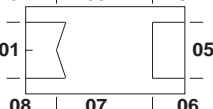
3	Total Number of Vehicles	Local No./ District 140	Agency Case No. B6-024225	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 03/22/2016		S M T W TH F S <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> (In Military Time)		STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1514	POLICE NOTIFIED 1515	03/22/2016	
B	60	ROAD ON WHICH ACCIDENT OCCURRED			STREET/ HIGHWAY NO. Purple Heart Highway/W Fletcher Ave.	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	
D	5	IF AT INTERSECTION		IF NOT AT INTERSECTION			
V1/M	10	NAME OF INTERSECTING ROADWAY					OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	1	DRIVER LICENSE NO. H13204883			STATE (Of License) NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/N	2	DRIVER CASSANDRA M TIMMERMAN			PHONE 4029846107	LOCAL NO.	
V2/N	2	DRIVER ADDRESS 125 West Ewin PO Box 64, Ceresco, NE 68017			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 04/27/1990	
G	4	OWNER LINDA K TIMMERMAN / Cassandra M Timmerman			PHONE 4029846107	LOCAL NO. 12-13-1960	
H	2	OWNER ADDRESS 125 WEST EDWIN, PO BOX 64, CERESCO, NE 68017			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO LB487675	
V1/O	3	LICENSE PLATE PA NO. 6C1298	YEAR 2012	MAKE Chevrolet	MODEL Equinox	BODY STYLE Compact Utility	
V2/O	3	VEHICLE ID NO. (VIN) 2GNALPEK3C6390920	VEHICLE 2012	MAKE Chevrolet	MODEL Equinox	BODY STYLE Compact Utility	
I	1	DRIVER LICENSE NO. G02125938			STATE (Of License) NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/P	1	DRIVER JOANN K ROSENTHAL			PHONE 4024998934	LOCAL NO.	
V2/P	1	DRIVER ADDRESS 4701 W RAMSEY RD, LINCOLN, NE 68524			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY) 04/12/1952	
J	01	OWNER LEROY H ROSENTHAL / Joann K Rosenthal			PHONE 4024164825	LOCAL NO. 07-01-1950	
V1/Q	1	OWNER ADDRESS 4701 W Ramsey Rd, Lincoln, NE 68524			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	
V2/Q	1	LICENSE PLATE PA NO. SEE151	YEAR 2008	MAKE Chrysler	MODEL PT Cruiser	BODY STYLE Mini van	
K	02	VEHICLE 2008	MAKE Chrysler	MODEL PT Cruiser	BODY STYLE Mini van	COLOR red	
		VEHICLE ID NO. (VIN) 3A8FY58B98T128928	VEHICLE 2008	MAKE Chrysler	MODEL PT Cruiser	BODY STYLE Mini van	
		TOWED TO Capital Towing	TOWED BY Capital Towing	POLICY NO. 189294135			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
1	CASSANDRA M TIMMERMAN	125 West Ewin PO Box 64, Ceresco, NE 68017	04/27/1990	01	1	05	
	LOCAL NO. 04-27-1990	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)	EMS SERVICE NAME Lincoln Fire & Rescue	4 Injury Sev. 4	5 Trans. 2	SEX F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
2	JOANN K ROSENTHAL	4701 W Ramsey Rd, Lincoln, NE 68524	04/12/1952	01	1	10	
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)	EMS SERVICE NAME Lincoln Fire & Rescue	4 Injury Sev. 4	5 Trans. 2	SEX F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX	

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



V1 said she was WB on Hwy 34 at approximately 5mph making a left turn onto W Fletcher. V1 said she was out in the intersection and the left turn light turned red. V1 wanted to safely get out of the intersection and turned, not seeing V2, and causing the collision. V2 said she was EB on Hwy 34 in the outside lane at approximately 50mph. V2 said she had a green light and continued through the W Fletcher intersection. V2 saw V1 and slammed on her breaks, but it was too late. The witness said she was behind V1 and saw V1 turn left from the incorrect lane on Hwy 34. The witness did not see the light but said she saw EB traffic moving on Hwy 34.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Donna J Irons 4101 N 7th, Lincoln, NE 68521			ADDRESS	
	NAME			ADDRESS	
					PHONE 4024181807
					PHONE
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME
1				X	Hwy 34
2			X		Hwy 34
1	06	06 Turning left 07 Making U-turn			
2	01	08 Entering traffic lane			
01 Essentially straight ahead		09 Leaving traffic lane			
02 Backing		10 Parked			
03 Changing lanes		11 Slowing or stopped in traffic			
04 Overtaking/Passing		12 Other			
05 Turning right		13 Unknown			
POINT OF IMPACT	03	POINT OF IMPACT	01		
MOST DAMAGED AREA	03	MOST DAMAGED AREA	01		
00 None		<div style="display: flex; justify-content: space-around;"> 020304 </div> <div style="text-align: center;">  </div>			
09 Top & windows		05			
10 Undercarriage		06			
11 Total (all areas)		07			
12 Other		08			
VEHICLE 1		VEHICLE 2			
<div style="display: flex; justify-content: space-around;"> 1234 </div>		<div style="display: flex; justify-content: space-around;"> 1234 </div>			
1 Deployed - front		1 None used - vehicle occupant		1 Driver No. 1	
2 Deployed - side		2 Lap & shoulder belt used		2 Driver No. 2	
3 Deployed - both front/side		3 Shoulder belt only used		3 Pedestrian	
4 Not deployed		4 Lap belt only used			
5 Not applicable/No airbag available		5 Child safety seat used			
6 Unknown		6 Child booster seat used			
		7 DOT approved helmet used			
		8 Costume helmet used			
		9 Restraint use unknown			
VEHICLE 2		VEHICLE 2			
<div style="display: flex; justify-content: space-around;"> 1234 </div>		<div style="display: flex; justify-content: space-around;"> 1234 </div>			
1 None used - vehicle occupant		1 Driver No. 1		1 Driver No. 2	
2 Lap & shoulder belt used		2 Driver No. 2		2 Pedestrian	
3 Shoulder belt only used		3 Pedestrian			
4 Lap belt only used					
5 Child safety seat used					
6 Child booster seat used					
7 DOT approved helmet used					
8 Costume helmet used					
9 Restraint use unknown					
TOTAL OCCUPANTS		ALCOHOL TESTING		ALCOHOL/DRUGS SUSPECTED	
VEH 1		Driver No. 1		Driver No. 1	
1		Driver No. 2		Driver No. 2	
1		Y		1	
1		N		1	
1		X		1	
1		N		1	
1		X		1	
1		N		1	
1		X		1	
1		N		1	
1		X		1	
1		N		1	
1		X		1	
1		N		1	
1		X		1	
1		N		1	
1		X		1	
1		N		1	
1		X		1	
1		N		1	
1		X		1	
1		N		1	
1		X		1	
1		N		1	
1					

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District
140

Agency
Case
No. B6-024225

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

03/22/2016

PLACE
OF
ACCIDENT
CITY

COUNTY

Lancaster

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. Purple Heart Highway/W Fletcher Ave.

VEH. #	VEHICLE NO. 3										VEH. #		
3	DRIVER LICENSE NO.		H12582035				STATE (Of License)		NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	3	
M	DRIVER HEATHER R SALAK						PHONE		4026019304			1.	
N	DRIVER ADDRESS 1588 S COTNER BLVD, LINCOLN, NE 68506						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		01/17/1979	18	
O	OWNER HEATHER SALAK						PHONE		4026019304			2.	
P	OWNER ADDRESS 1588 S Cotner Blvd, Lincoln, NE 68506						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.	3.	
Q	LICENSE PLATE PA NO.		TSH203		YEAR (Plate Expires)		2016		STATE (Of Plate)		NE	4.	
4	VEHICLE		2003		MAKE Ford		MODEL Focus		BODY STYLE 2 door Sedan		COLOR blue	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 1000	5.
	VEHICLE ID NO. (VIN)		3FAFP31Z13R140654						INSURANCE COMPANY Progressive				18
	TOWED TO		TOWED BY						POLICY NO. 907578592				35

VEH. #	VEHICLE NO. 4										VEH. #		
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4	
M	DRIVER						PHONE		LOCAL NO.			1.	
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.	
O	OWNER						PHONE		LOCAL NO.			3.	
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.	4.	
Q	LICENSE PLATE NO.				YEAR (Plate Expires)				STATE (Of Plate)			5.	
	VEHICLE				MAKE		MODEL		BODY STYLE		COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	6.
	VEHICLE ID NO. (VIN)								INSURANCE COMPANY				
	TOWED TO		TOWED BY						POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 1 VEH 4								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												ALCOHOL TESTING							
3	X				W Fletcher Ave				VEHICLE 3				VEHICLE 4				Driver No. Driver No.							
4									POINT OF IMPACT 01				POINT OF IMPACT				Y N							
3	11					MOST DAMAGED AREA 01				MOST DAMAGED AREA				2				N X N						
4					06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				02 03 04 01 05 08 07 06				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 DOT approved helmet used 7 Costume helmet used 8 Restraint use unknown				1 4			
01	Essentially straight ahead																1 Neither alcohol nor drugs suspected							
02	Backing																2 Yes - alcohol suspected							
03	Changing lanes																3 Yes - drugs suspected							
04	Overtaking/ Passing																4 Yes - alcohol & drugs suspected							
05	Turning right																5 Unknown							

Complete this section for all injured persons

DATE OF BIRTH (MM / DD / YYYY)						1	2	3	4	5	SEX M F
VEH. #	NAME ADDRESS										
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.		
VEH. #	NAME ADDRESS										
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.		
VEH. #	NAME ADDRESS										
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.		

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B6-024225

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1746		TROOP/ TEAM/ BEAT 11		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Dillon Prater			INVESTIGATOR SIGNATURE Approved by Officer Dillon Prater		DATE OF REPORT 03/22/2016